

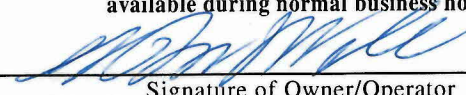
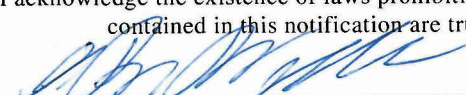
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled			
II. Facility Description Building Name: <u>Louis Lefkowitz Bldg.</u> Address: <u>80 Centre Street</u> City: <u>New York</u> State: <u>NJ</u> Zip Code: <u>10013</u> County: <u>New York</u> Site Location: <u>3rd Floor</u> Building Size (square feet): <u>640000</u> # of Floors: <u>9</u> Age in Years: <u>84</u> Present Use: <u>Commercial Office</u> Prior Use: <u>Commercial Office</u>			
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training			
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
V. Facility Information Owner Name: <u>DDC / NYC DCAS, Asset Management</u> Address: <u>30-30 Thomson Avenue / 1 Centre Street</u> City: <u>Long Island City / Manhattan</u> State: <u>NY</u> Zip Code: <u>11101 /10007</u> Contact: <u>Michael Vander Werff</u> Telephone: <u>(212) 386-0303</u> Fax: <u>212-313-0445</u> Removal Contractor Name: <u>B&N&K Restoration Co., Inc.</u> Address: <u>223 Randolph Avenue</u> City: <u>Clifton</u> State: <u>NJ</u> Zip Code: <u>07011</u> Contact: <u>G. Roger Woodman</u> Telephone: <u>(973) 478-4681</u> Fax: <u>973-478-6083</u> Other Operator (demolition/general): <u>N/A</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Site Investigation Bulk Sample and PLM/TEM Analysis			
VII. Approximate Amount of Asbestos Materials:			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM to be Removed	Non-friable Asbestos Material to be Removed	
		Category I	Category II
Pipes (linear feet)			
Surface Area (square feet)	5642		Floor Tile & Mastic
Facility Components (cubic feet)			
VIII. Scheduled Dates Demolition or Renovation:		Start: February 22, 2016	Complete: February 20, 2017
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: February 22, 2016	Complete: February 20, 2017
Days of the Week:	Monday	Tuesday	Wednesday
	Thursday	Friday	Saturday
Hours of Operation:	5:00 PM - 1:30 AM	5:00 PM - 1:30 AM	5:00 PM - 1:30 AM
	5:00 PM - 1:30 AM	5:00 PM - 1:30 AM	5:00 PM - 1:30 AM

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components: Removal of Floor Tile and Mastic
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Per NYC Title 15 § 1-108 Foam/Viscous Liquid Use in Flooring Removal
XII.	Waste Transporter #1 Name: <u>B&N&K Restoration Co., Inc.</u> Address: <u>223 Randolph Avenue</u> City: <u>Clifton</u> State: <u>NJ</u> Zip Code: <u>07011</u> Contact: <u>G. Roger Woodman</u> Telephone: <u>(973) 478-4681</u> Waste Transporter #2 Name: <u>Tri-State Transfer Associates, Inc.</u> Address: <u>1199 Randall Avenue</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: <u>1047-6215</u> Contact: Telephone: ()
XIII.	Waste Disposal Site Name: <u>Minerva Enterprises, Inc.</u> Address: <u>9000 Minerva Rd., St.</u> City: <u>Waynesburg</u> State: <u>PA</u> Zip Code: <u>44688</u> Contact: Telephone: <u>(330) 866-3435</u>
XIV.	Demolition ordered by a government agency (Please identify the agency below): 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non -friable ACM becomes crumbled, pulverized, or reduced to powder.
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>March 18, 2016</u> Date </div> <div style="text-align: center;"> <u>G. Roger Woodman, Proj. Manager</u> Type or Print Name and Title </div> </div>
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>March 18, 2016</u> Date </div> <div style="text-align: center;"> <u>G. Roger Woodman, Proj. Manager</u> Type or Print Name and Title </div> </div>